



**APPLICATION FOR A COSMETOLOGY SALON/SHOP LICENSE
GEORGIA STATE BOARD OF COSMETOLOGY**

**237 Coliseum Drive
Macon, Georgia 31217
Phone (478) 207-2440
Fax: (866) 888-1176**

www.sos.ga.gov/plb/cosmetology

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Cosmetology/Hair Designer/Nail Technology/Esthetics in the State of Georgia. Visit our website for information:

<http://www.sos.ga.gov/plb/cosmetology>

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct. Incomplete applications result in delayed processing. Incomplete applications are void after one year. Furthermore, because application information is time sensitive, documents cannot be transferred from old applications to new applications.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a COMPLETE application.

- ☐ **NON-REFUNDABLE FEE: \$75.00** The payment must be made by check or money order payable to the Georgia State Board of Cosmetology. **DO NOT SEND CASH OR COUNTER CHECKS.** Checks returned for insufficient funds are subject to a \$40.00 service charge pursuant to O.C. G.A. § 16-9-20. **Please note: any time a salon/shop moves, changes address, changes the name, or changes ownership a new application must be submitted to the board with the processing fee.**
- ☐ **NOTARIZED APPLICATION:** Send the *notarized* application to the Board office at the address listed above, along with the correct fee. *All questions must be answered.* If your answer to the conviction question or sanction question is “yes,” further documentation will need to be submitted. Attach an explanation if you have had any criminal convictions or charges, as well as a **certified** copy of the conviction/sentencing documents from the court. If sanctioned by another state licensing board, a certified copy of the action taken must be submitted. The Board will review the application with the required documentation. **Approval of licensure is at the Board’s discretion.**
- ☐ **ATTACH THE BILL OF SALE AND OR LEASE AGREEMENT.** We do not license kiosks or individual booths/work stations within a salon as an individual salon.
- ☐ **SUBMIT APPLICATION IN A 9X12 or LARGER ENVELOPE – Do not staple pages or check/money order. Do not fold pages of the application.**
- ☐ **The name of the salon/shop must include the word “salon” or “shop.”**

APPLICATION FOR COSMETOLOGY SALON/SHOP LICENSE

PLEASE READ THE INSTRUCTIONS AND BECOME FAMILIAR WITH THE LAWS AND RULES GOVERNING THE PRACTICE OF COSMETOLOGY IN THE STATE OF GEORGIA. VISIT THE FOLLOWING SITE FOR INFORMATION:
<http://www.sos.ga.gov/plb/cosmetology>.

Please be aware that a salon license is NOT the same as a business license. **Please contact the city or county in which you are establishing your salon to obtain a business license.** In order to be in compliance with the law, you must have the actual license issued by the Georgia Board of Cosmetology in order to open a salon/shop and the registration must be displayed in a conspicuous place in the salon. ***A copy of the application and proof of payment sent will not be viewed as an acceptable substitute for a salon license. Any time a salon/shop moves, changes the name, changes address, or changes owner(s) a new application and application fee must be sent to the Board.***

Cosmetology Rule 130-2-.11: Application for Cosmetology Salon/Shop License.

- (1) Any person or persons desiring to operate a salon/shop which offers and performs cosmetology services shall submit an application for a license using the form furnished by the Georgia State Board of Cosmetology and shall meet all the requirements of the laws and the requirements of the Board.
- (2) Any shop or salon/shop must be registered with the Board prior to its opening. Change of salon /shop ownership or change in the tenant leasing must be registered with the Board by filing an application for licensure within thirty (30) days of the purchase of said salon/shop. Business names of shop/salon shall include the word salon or shop and shall not contain terms which would mislead the public as to the operation of the cosmetology establishment.

The name of the salon/shop must include the word salon or shop.

The Board does not license booths within a salon/shop or a kiosk as a salon/shop. A state nursing home is not required to have a salon/Shop license issued by the Board. Assisted living centers should contact the Board office for guidance regarding Board licensure requirements.

FYI: Apprentices in Salon/Shop: A separate application must be submitted in order to train an apprentice in a particular salon/shop. Each master cosmetologist, hair designer, nail technician or esthetician may train only one apprentice at a time and must have held a license for at least 36 months. If the master trainer or salon for an apprentice changes, a new apprentice application and processing fee must be submitted to the Board. An apprentice can train in a salon if the master cosmetologist (trainer) is not present, if assigned to another master trainer by the salon/shop manager. The apprentice training transcript of total hours acquired must be submitted when the apprentice training ends (for any reason) to the Board and a copy given to the apprentice (examples include: apprentice quits, no longer participating, no longer apprenticing or has completed the training program). **Apprentice training records must be available in the salon/shop upon inspection.** Daily/quarterly transcript hour records must be maintained on site at a salon/shop. **It is the responsibility of the salon/shop manager to ensure that accurate training records are maintained for the apprentice. Failure to submit these records in a timely manner may result in the delayed processing of a letter of verification of eligibility for examination.**

FOR BOARD USE ONLY
 Amount Submitted _____
 Date _____
 Receipt # _____



FOR BOARD USE ONLY
 Certificate Number _____
 Date Issued _____
 Applicant No. _____

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 Application Fee \$75.00 (non-refundable)

License Type: ____ 1st Time Salon/Shop or
 ____ **Shop Change** (Such changes include any time a salon/shop moves location, changes the name, changes the address or changes the owner(s). If the USPS changes the address of the salon/shop, please notify the board of the new address and proof of USPS mandated change.)

If this is a shop change, circle all that apply: change in name change in owner change in address

Is this salon/shop located in a residence/home? Yes _____ No _____

Additional License Types held (currently or previously issued to the owner(s) by the Georgia Professional Licensing Boards, please include name on license(s) and license number(s):

Salon/Shop Business Name as desired on license: _____

The name of the business facility must include the word salon or shop. Also attach a copy of your bill of sale or lease agreement.

Federal Employee Identification Number or Social Security Number

*THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE & FEDERAL AGENCIES PURSUANT TO O.C.G.A. § 19-11-1 AND O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 101.

Salon/Shop Physical (Business Location) Address:

PO Box is not acceptable: Number and Street Apt. No. City/State Zip

Mailing Address _____
 (if different from business location) Number and Street Apt. No. City/State Zip

(If you are granted a license, your name, mailing address and license number becomes public information and will be posted on the Secretary of State's website. The mailing address is used for renewal notices and application processing.)

_____-_____-_____- _____-_____-_____- _____-_____-_____- _____
 Shop Telephone Number Cell Telephone Number Evening Phone Number E-Mail Address

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. Please notify the Board of any email address change. Your email address will not be shared with any third party.

Was there an existing salon at this location? ____ Yes ____ No If yes, then answer the following:

Name of shop, firm, company _____ License Number: _____

Did you purchase this salon or shop from the previous owner: _____ Yes _____ No

PLEASE ATTACH THE BILL OF SALE FOR THE PROPERTY AND/OR LEASE AGREEMENT

Please complete the following for all owners:

Name _____
(PLEASE PRINT) First Middle Last

Address _____
P.O. Box not acceptable- Number and Street Apt. No. City/State Zip

Mailing Address _____
(if different) Number and Street Apt. No. City/State Zip

Social Security Number _____ - _____ - _____

**If you hold a license issued by the Professional Licensing Boards,
what is the license number(s)?** _____

Do you own another salon(s) or shop(s)? _____ Yes _____ No

If so, what is the name of the salon(s) and the license number(s)?

Do you plan to continue operating this salon(s) or shop(s) that was previously licensed? ____ Yes ____ No

Name _____
(PLEASE PRINT) First Middle Last

Address _____
P.O. Box not acceptable- Number and Street Apt. No. City/State Zip

Mailing Address _____
(if different) Number and Street Apt. No. City/State Zip

Social Security Number _____ - _____ - _____

**If you hold a license issued by the Professional Licensing Boards,
what is the license number(s)?** _____

Do you own another salon(s) or shop(s)? _____ Yes _____ No

If so, what is the name of the salon(s) and the license number(s)?

Do you plan to continue operating this salon(s) or shop(s) that was previously licensed? ____ Yes ____ No

Please note if additional owner signature pages are needed, copy this page and attach to the application.

This application will be returned if you do not answer the questions on this page.

Have the owner(s) ever been arrested, convicted, sentenced, entered a plea of guilty, or nolo contendere, or been given First Offender status for any felony, misdemeanor, or any offense other than a minor traffic violation? DUI and DWI are not minor traffic violations. ☒ Yes ☐ No

If you answered "Yes" to the question regarding court convictions, you must submit to the Board the following: a) a certified copy of conviction/sentencing document(s) from the Court before which you were convicted and sentenced, signed by the presiding judge, and showing said conviction and sentence; AND, if applicable, b) a statement (on official letterhead) from your probation / parole officer regarding your current status/completion of any probation / parole or certified document(s) from the court showing that your sentence(s) have been completed and your case(s) closed. Your application will not be processed until this information is received and reviewed by the Board.

Have the owner(s) ever had a license revoked, suspended, or otherwise sanctioned by any professional licensing board or agency, or have you ever been denied issuance of, or pursuant to disciplinary proceedings refused renewal of a license by any professional licensing board or agency in Georgia or any other state? ☒ Yes ☐ No

If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office. Your application will not be processed until this information is received and reviewed by the Board.

APPLICANT AFFIDAVIT:

I, being duly sworn upon oath, depose and say that the answers to the foregoing questions and statements made on this application are true and correct to the best of my knowledge and belief. I affirm this with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to suspend or revoke a license issued by the Georgia State Board of Cosmetology.

I further state that I have read the current state laws and board rules and regulations of the Georgia State Board of Cosmetology, governing the practice of cosmetology and related fields in the State of Georgia. I swear or affirm that I understand these laws and rules. I agree to abide by these laws and rules. I also agree to abide by future laws and rules that may be established by the Georgia State Board of Cosmetology. I understand that violation of the laws and rules governing the practice of cosmetology and related fields may result in disciplinary action being taken against my license which may include suspension or revocation of my salon/shop license.

Printed Name _____

Applicant's Signature

Printed Name _____

Applicant's Signature

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY SEAL

My commission expires on ____ / ____ / ____

Notary Signature



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PRELIMINARY SALON/SHOP CHECKLIST/INSPECTION REPORT

THE FOLLOWING ARE REQUIREMENTS FROM THE LAW AND RULES OF THE GEORGIA STATE BOARD OF COSMETOLOGY FOR OPENING A SALON/SHOP

Place a check mark beside each requirement that is completed in this facility. If a service is not performed at this location, mark as not applicable (N/A)

1. ____ Are individual practitioners licensed or is current copy of online verification posted in an open area? (130-4-.08)
2. ____ Are sanitary regulations posted in an open area? (130-4-.08)
3. ____ Does salon/shop have space used for salon/shop separated by tight, ceiling high partition from residence rooms or other commercial facilities? (130-4-.03)
4. ____ Does salon/shop have walls, ceilings, floors, furniture and equipment free from excessive dust, dirt and debris and all equipment in good and safe working condition? (130-4-.04)
5. ____ Does salon/shop have proper toilet and plumbing facilities? (130-4-.05)
6. ____ Does salon/shop have operating hot and cold running water? (130-4-.05)
7. ____ Does salon/shop have shampoo bowls and sinks sanitized? (130-5-.01)
8. ____ Have all cosmetology implements cleansed and disinfected? (130-5-.05)
9. ____ Have all nail care implements cleansed and disinfected? (130-5-.05)
10. ____ Have all esthetician implements cleansed and disinfected? (130-5-.05)
11. ____ Are wet and dry disinfection standards in place? (130-5-.05)
12. ____ Does salon/shop have closed container for soiled towels/linens? (130-5-.02)
13. ____ Does salon/ shop have closed container or closed cabinet for clean towels/linens? (130-5-.02)
14. ____ Does salon/shop have sanitary closed container for creams, lotions, other cosmetics for use on patrons? (130-5-.06)
15. ____ Is establishment free from stale food and soiled dishes? (130-5-.04)
16. ____ Is salon/shop have covered, washable container for storage of garbage? (130-5-.04)
17. ____ Does salon/shop have separate outside entrance to salon, if in residence? (130-4-.02)
18. ____ Does salon/shop have sign posted "no pets in cosmetology establishment except guide and assistance dogs as permitted under Title 30 of the Georgia Code?" (130-2-.11) (130-5-.07)
19. ____ Does salon/shop have current copy of the Laws and Rules of The Georgia State Board of Cosmetology available for review by patrons and inspectors?
20. ____ Does salon/shop have sign posted in an open area and available for public view at all times that all cosmetology services shall be performed on intact, healthy scalp, skin, and nails? (130-5-.05(7)(a))
21. ____ Does salon/shop have the following signs posted in pedicure service area available for public view: customers should not shave their legs the same day receiving pedicure services to reduce the risk of infection; and, any razor-like implement, such as credo blades, shall not be used to prevent the risk of injury or infection; and, pumice stones shall not be reused from one customer to another to prevent the spread of bacteria? (130-5-.05(7)(b, c, and d))

POST THE SANITARY REGULATIONS FOR SALONS AND SCHOOLS IN THE SALON/SHOP IN A CONSPICUOUS LOCATION SO THAT ANYONE ENTERING THE ESTABLISHMENT MAY BE ABLE TO READ THEM (SEE BOARD RULES 130-4 AND 130-5).



Professional Licensing Boards
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Telephone: (478) 207-2440 - Fax: (866) 888-1176
Web-Site: www.sos.ga.gov/plb/cosmetology

APPLICANT - PLEASE COMPLETE, SIGN, AND ATTACH TO YOUR APPLICATION

AUTHORIZATION FOR RELEASE OF INFORMATION

I do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized agent of the Georgia Bureau of Investigation, whether such records are of a public, private or confidential nature. The intent of this authorization is to give consent for full and complete disclosure of all records of my driver's history, criminal history, educational background, military personnel records, records of military service, records of commercial or retail credit agencies (including credit reports and/or rating), records of the Georgia Department of Revenue, as well as U.S. Veterans Administration records, records of Department of Human Resources Child Support Enforcement, and employment and pre-employment records (including background reports, polygraph reports and charts, efficiency ratings, complaints or grievances filed by or against me), and records of local, state, and federal criminal justice agencies.

This information is to be used to assist the Secretary of State's Professional Licensing Boards Division in determining my qualifications and fitness to be licensed by the Georgia Board of Cosmetology. This authorization will remain in effect until cancelled by me in writing.

I hereby release you, your organization, and others from any liability or damage which may result from furnishing the information requested above. A photocopy of this release form will be as valid as an original, even though the photocopy does not contain the original writing of my signature. I have read and fully understand the contents of this Authorization for Release of Information.

Full Legal Name – Printed

Signature

Place of Birth (City/State)

Aliases or Maiden Name

Residence Street Address

City, State, Zip

Sex

Race

Social Security Number

Date of Birth

Date of this Authorization

Note: If multiply owners please copy and have each owner complete this sheet and return with application.

Release of Information (10-24-08)